DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 . 12972 12961 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME Middle 2g. DATE KNOWNET Month Day Year 2b. HOUR (Type or Print) ESTI-Poge Emory Wesley Baker DEATH MATED 19-6-68 delay and 3 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years VE-UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR and 7/8/04 Day Year 68 905 R Male White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED IX 9. COUNTY OF DEATH W. Va. TISA WIDOWED [DIVORCED [Pages GARRETT 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR after death 10. CITY OR TOWN OF DEATH during most of working life, even il-refired.) give street address) INDUSTRY Oalcland Garrett Co. Hem. Hospital
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13c. in Item 18. Give with 13d, INSIDE CITY LUMITS? 13e. STREET AND NUMBER 13b. COUNTY admissian) STATE Md . Garrett Oakland Route YES NO DE haurs land 2 after First Middle 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Last Middle Moats Ami Jackson Raker Laura haurs the Chief Medical Examiner's pages (Neice) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS pencil be executed within (Yes, ne or unknown) (If was give war or dates of service) Wilma Baker. Rt. #1. Oakland.Md. None APPROXIMATE INTERVAL .⊑ within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH burial-transit permit. PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a) Proumonitis Davs DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) (b) Malmutrition Weeks rise to immediate cause (a), writing the ward This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause _ forwarded ta PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 Mentally retarded be used o CERTIFICATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? 19a. DATE OF OPERATION WAS PERFORMED? please execute the certificate, NO X YES shauld be 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. DICAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. Na. City or Town County State factory, office building, etc.) WHILE NOT WHILE I 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection [24] Inquiry 3, and in my apinian Accident V Suicide . death resulted from: Natural causes, 3 Hamicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 9-6-68 DEPUTY MEDICAL EXAMINER 5 m TO FUN. Health James H. Feaster. Jr., M. D. ADDRESS(Street, city, town, or county) Oakland, Garr. Md. NAME (Type) 230. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOYAL (Specify) 19/9/68 Aurora, Preston, Aurora Cemetery Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1968 VR A15ME (5) Oakland. Maryland Durst. 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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	MEDICAL CET	210. EXTERNAL CAUS PRIMARY OR COI CAUSE OF DEATH 21d. INJURY OCCURR	NTRIBUTING [21b. TIME OF HOUR A. P.	M. 9-23-	68		elf	in hea			32 ca				State
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o DEPUTY necessary, the funeral 5 may be r 6 FUNERAL Health prid	(EXAMINER'S NAME (Type) Jau	mes H.	Feaster	, Jr.,	M. D.			JTY MEDICAL RESS(Street, o				24-6		, Md	•
TO D nece the 5 m TO FU		BURIAL, CREMATION, REMOVAL (Specify) BUPIAL	1 9/3	27/68		ME OF CEMETE		atory mete	erv	23d. 10 E1 1	cation (Gi	y or Town	All	(County)	, Pa	ote)
VR A15ME (5) 10M REV. 1/68	24.	John	Durs	et, Oal	cland,	Address Mary	and		DATE SE		rar 7 196	25b. REGI			Quela	e C

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M	12963	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH	TIMORE, MARYLAND 21201	2975
death.	1. DECEASED-NAME First (Type or print) Erma	^{Middle} Mabel	lost Broadwater	Sept. 20. DATE OF DEATH Sept. Month 20.	25. HOUR
the funages I can	3. SEX	4. RACE	S. DATE OF BIRTH Feb. 4, 1	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
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comple comple y even	odmission) STATE Md.	13b. COUNTY Garrett	Grantsville Grantsville	10 ₹ R.D. 2	
n ond se rem d in an	14. FATHER'S NAME First John	Middle Lost Gaster		arah	Newcomer
rificate physicio n plea val, on	160. WAS DECEASED EVER IN U.S. ARM Yes, no. or unknown) (If yes give w	AED FORCES? yor or dates of service) 16b. SOCIAL SECURITY (Address Broadwater, R. I	Md. O. 2. Grantsvi I APPROXIMATE INTERVAL
or attending physicion. The how requires that the death certificate be executed within 24 hours after deal or attending physicion. The hos been signed by the attending physicion and completely filled in by the funeral use as the burial-transit permit. Then please remove carbon papers. Pages I and relating to burial, cremation, or removal, and in any event, within 72 hours after deal seconds.	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT COI	DUE TO, OR AS A CONSEQUENCE OF (b) REFRICE DUE TO, OR AS A CONSEQUENCE OF (c) NOTIONS CONTRIBUTING TO DEATH BUT NO	SCHEROTIC HEAD OT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART I(o)	BETWEEN ONSET AND DEATH
PHYSICIAN: The low re e hospital or attending his certificate hos been stoched for use as the Dept. of Health prior to	210. ACCIDENT WAS UNDERLYIN	HOUR A.M. Month Doy Year	YES NO 21c. HOW INJURY OCCURRED (End	20b. IF YES, WERE FINDINGS CAUSES OF DEATH? The noture of injury in Port 1 or Port 2,	
the hospital or this certifica detoched for te Dept. of He	While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R.F.D. N		County State
Poge 4 may be retained by the hospital or attending to FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use as the should be filed with the Stote Dept. of Health prior to	22a. I certify that (1) (the saw the deceased a courses stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	is hospital) attended the decease live on SEPT. 15-18-18-18-18-18-18-18-18-18-18-18-18-18-	body after deoth.		ate and haur and from the
Poge 4 may Poge 4 may TO FUNERAL director, page should be fit	230. BURIAL, CREMATION, REMOVAL (Specify) BUTT 97 24. FUNERAL DIRECTOR	23/68 New Ge	cemetery or crematory ermany M.E. Cem 250. RECD 250. RECD DASFP	BY REGISTRANCO 25H REGISTRAN	

MAKYLAND STATE DEPARTMENT OF HEALTH

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		12964	DIVISION OF VIT		V. PRESTON STREET, B IFICATE OF DEAT		RYLAND 21201	2976	
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		ype or print) Ida		G.	Chaney		Month [day Year	4.45A.M
	3. SE.	X	4. RACE		S. DATE OF BIRTH		6. AGE (In years last bighday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	7 0	Female	Whiy		2-28-		86 YR	S.	
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大	14. F	ATHER'S NAME First	Middle	O Last	1S. MOTHER'S MAIDEN NA	ME First	Middle	11/2	Last
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	Y	es, na, arunknawn) (Il yes give w		12.54-8532	T Home	Hamis	sion Rec	05d5	1116,1116
1		18. CAUSE OF DEATH (Enter on	y one cause per line fo					APPROXIM	NATE INTERVAL ISET AND DEATH
		PART I. DEATH WAS CAUSEI) BY: TE CAUSE (a)	ute los	or sucher	me			
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		Canditions, if any, which gave rise to immediate cause (a).	(b)	ie to for	guitenine	MRACIO	Gorden	20	Legs
		stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF	04				
		PART 2. OTHER SIGNIFICANT CON	(c)	TO DUATU BUT MOT BULL	TED TO THE TERMINAL DISCASI	OR CONDITION OR	THE IN DART 1(a)		
		447	UNITED CONTRIBUTIONS	TO DEATH DUT NOT KELA	IED TO THE TERMINAL DISEASI	. OR CONDITION ON	ra as takt ifa)		
	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH	PERATION WAS PERFORME	D 2Da. AUTOPSY?		IF YES, WERE FINDINGS	S CONSIDERED IN CE	RTIFYING
7	TIFIC				YES N	CAUS	ES OF DEATH?		
	DICAL CER	21a. ACCIDENT WAS UNDERLYING CAUSE OF DEAL (If either, notify medical exami	H HOUR A.M. M	URY anth Day Year 19	He. HOW INJURY OCCURRED	(Enter nature of in	ury in Part 1 or Part :	2, Item 18.)	*
	ME	at work			21f. LOCATION Street or R.F.		y ar Tawn	Caunty	Ştate
		22a. I certify that (I) (th	s haspital) attend	d the deceased fra	n +eb- 24	19.47_, to_	Jest 14,	1960, thot	(I) (we) lost
		22a. I certify that (I) (the saw the deceased a causes stated above	(l) (we) (did) (did	not) view the body of	, ond that in (myr (aur ifter deoth.) apinion death	occurred an the	gate and haur o	ind fram the
		22b. SIGNATURE	1_1_		ATTENDING (MED :		C DATE SIGNED	
		G lane	Along		DEGREE PHYS.	DIRECTOR	PHYS.	1/4/60	
		22d. PHTSICIAN'S NAME (Type)	PAIGE STR	NG. M. D.	22e. ADDRESS	प इक् क	ROSTBURG.	MD	
	23 o	BURIAL, CREMATION, 23b.		23c. NAME OF CEMETER			(ION (City or Town)	(Caunty)	(State)
		DCAADVAL (Specify)	-1668		IS CEMETERY	FROS	STBURG. MD		
1	24.	FUNERAL DIRECTOR		ADDRESS	2Sa. RI	CED 1 7	1968 REGISTRA	R'S SIGNATURE	day
	-	JOSEPH R. DURS!	FROSTBU	RG, MD. 215	532 DATE	SEP 17	1000	- Land	1

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ign 7b. CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	
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			Own Home
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	15. MOTHER'S MAIDEN NAME	First Middle	Lost
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		71021.000	
	Garrett C.	Dixon Rt. #1, G	ormania.Wva
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CAUSED BY:	ranchal me	a Secul	mer.
	110	73	
h gave) (b)	hemic Herry	Miserial.	Yry.
se (d),		PACIA.	/
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ANT CONDITIONS-CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	
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DERLYING 216. TIME OF INJURY	21c. HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Part 2, Ite	m 1B.)
se of DEATH HOUR A.M. Month Doy Yes 1 examiner) P.M.			
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ased alive an 4/3-68	19, and that in (my) (aur) ap	inion death occurred on the date	and hour and from the
abave, (I) (we) (did) (did nat) view th	e bady after death.	T an and	TE CURLIER
Lang Ann	ATTENDING ATTENDING	NED. STAFF ZZC. DA	
DYKENNINI -		DIRECTOR L PHYS. L	14-68
B I. Grant MI		aland Massiles	
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	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	lew Cemeterv		rrett md.
	First Middle I.YT.A ONTA 4. RACE White ign 7b. CITIZEN OF WHAT COUNTRY? U.S.A. 11. NAME OF HOSPITAL OR III give street oddress) Garrett Country 13b. COUNTY Grant Middle Lost Wegley Harv Wegley Harv U.S. ARMED FORCES? 198 give war or dates of service) Enter only one cause per line for (o), (b), ond (o) S. CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O (b) COUSE (c) COUSE (c) TO, OR AS A CONSEQUENCE O (c) ANT CONDITIONS-CONTRIBUTING TO DEATH BUT 19b. CONDITION FOR WHICH OPERATION WAS F P.M. 21b. PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC. (I) (this haspital) attended the decead above, (I) (we) (did) (did nat) view the	First Middle Lost LYT, A ONA DIXON 4. RACE White S. DATE OF BIRTH November 1 10. S.A. WIDOWED DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during m Hospitol District Color Man Hospitol Mar Harvey U.S. ARMED FORCES? 1945 BY: 195 CAUSED BY: 196 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR: 196 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR: 197 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR: 198 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR: 199 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR: 190 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR: 190 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR: 191 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR: 192 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR: 193 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR: 194 CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR: 195 CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR: 196 CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR: 197 CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR: 198 CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR: 199 CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE O	First Middle Lost 20. DATE OF DEATH Month Day 4 A RACE White S. DATE OF BIRTH NOVEMBER 11, 1894 White White November 11, 1894 II. NAME OF HOSPITAL OR INSTITUTION (if not in hospitol give street oddress) GARRE 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospitol give street oddress) GARRE 12. USUAL OCCUPATION (Kind of work done during maps of working life, even if refired.) GARRE 13b. COUNTY GRACE CO. Mem. Hosp during maps of working life, even if refired.) GARRE 13b. COUNTY GRACE CO. Mem. Hosp during maps of working life, even if refired.) GARRE 13b. COUNTY GRACE CO. Mem. Hosp during maps of working life, even if refired.) GARRE 13b. COUNTY GRACE CO. Mem. Hosp during maps of working life, even if refired.) GARRE 13b. COUNTY GRACE CO. Mem. Hosp during maps of working life, even if refired.) We sley Harvey U.S. ARMED FORCES? 15c. ASSED BY: 16b. SOCIAL SECURITY NO. 17c. INFORMANT GALTOSY? YES DATE OF WALL OCCUPATION (Kind of work done during maps of working life, even if refired.) Middle We sley Harvey U.S. ARMED FORCES? 15c. ASSED BY: 16b. SOCIAL SECURITY NO. 17c. INFORMANT GALTOSY? YES DATE OF WALL OCCUPATION (Kind of work done during maps of working life, even if refired.) Address CALISE (a) DUE TO, OR AS A CONSEQUENCE OF (c) 17c. INFORMANT GALTOSY? YES DATE OF WALL OCCUPATION (Kind of work done during maps of working life, even if refired.) 18c. ASSEC IV WALLS (C) Many Catherine Address ANT CONDITION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? YES DATE OF WALL OCCUPATION (Kind of work done during maps of working life, even if refired.) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCUPATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCUPATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCUPATION 21c. HOW INJURY OCCUPATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21c. HOW INJURY OCCUPATION 21c. HOW INJURY OCCUPATION 21c. HOW INJURY OCCUPATION 19b. CONDITION FOR WHICH OPERATION WA

MARYLAND STATE DEPARTMENT OF HEALTH

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2, and 3 Pog	3 S	EX 4 RACE	5 DATE OF B 3-2-9		6 AGE (In years last birthday)	IF LNDER 1 YEAR MONTHS DAYS	HOURS MIN	2c DATE PRONOU! Manth 9	NCED DEAD Day 1	Year 68	2d HOUR 9:30
22.5	7a	BIRTHPLACE (State or foreign	76 CITIZEN OF W		8 M	RRIED NEVER MA	_	INTY OF DEATH		17	
haurs after death Item 18 Give Pages I, Office alang with farm, and 2 with the State De	10 (ity or town of DEATH aral, lear Par	11	NAME OF HOSPITA street address)		N (If not in hospita	120. USUAL OF	CCUPAT ON (Kind of if working life, eve I TIME I	f work dane n if retired)	126 KIND OF B INDUSTRY Far	usiness or ming
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24 haurs in frem 18 free 18 fr	14. F	ATHER'S NAME First	Medd	le	Last	IS. MOTHER'S MA	IDEN NAME First		Middle	L	ast
				chty		Sara	ah			Beachy	P
	160 (Y	WAS DECEASED EVER IN U.S. ARM (es_ng_or unknown) (If yes	ED FORCES? give wor or dates of service)	166 SOCIAL SEC 219-07		Mrs. 1	Mildred		DRESS Rt. 1	Deer	Md. Park.
Pin H. H.		18. CAUSE OF DEATH (Enter									ATE INTERVAL SET AND DEATH
ecuta ing" dico		PART I. DEATH WAS CAL	JSED BY. :DIATE CAUSE (a)	Corona	ry ocel	usion				Sudde	n
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hiel Trans		Canditians, if any, which gav rise to immed ate cause (a	(b)	Arteri	osclaro	sis, gene	ralized_			Years	
should be executed ward "pending" is ward "pending" is the Chief Medical urial-transit permit in any everit within		stating the underlying caus		OR AS A CONSEQU	ENCE OF	, -					
icate ing the ded to ded to as a b		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBL	ITING TO DEATH B	UT NOT RELATED	TO THE TERMINAL	DISEASE OR CONDITIO	ON GIVEN IN PART 1	(a)		
INER: This certificate should be executed within e certificate, writing the ward "pending" in pencil should be farwarded to the Chief Medical Examples. 3 should be used as a burial-transit permit File pagation, or remayal, and in any event within 72 hair	CERTIFICATION	190 DATE OF OPERATION		196 COND TION WAS PERF	FOR WHICH OP ORMED?	ERATION				20 AUTOF	
# # # P V	MEDICAL CERT	21g EXTERNA. CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	G 📑 HOUR	F INJURY Manth, C A,M, P M	lay, Year :	RE HOW INJURY O	CCURRED (Enter natu	ire of injury in Part	For Part 2, II		
3 ± 5 € B	MED		e PLACE OF INJURY factory, affice build	(At hame, farm,	street,	21f LOCATION Street	or R.F.D. Na	City or Town		Caunty	State
AL EXECUTED FOR PORT PORT PORT PORT PORT PORT PORT PO		22a certify that death resulted fram	-		1 /		apsy, las		Inquiry [5]		my apınian
DEPUTY DICA ressary, please e.e. e funeral director. may be retained FUNERAL DIRECTOR		X ₂	_ 7		X		IEF MEDICAL EXAMIN	_			
/, pl		SIGNATURE	1- Ja.	ten of	4-6	M.D. AS	SISTANT MEDICAL EXA	AMINER 🔲	22b DATE		
EPUTY sssary, p funeral ay be r JNERAL Ith price		EXAMINER'S	Foorto	v Tro	u n		PUTY MEDICAL EXAMI		9-11		
ro DEPUTY necessary, the funers 5 may be 70 FUNERA Health pu	72-	NAME (Type) AMOS H				OR CREMATORY	DRESS(Street, city, to				lid.
7 2 5 5 5	230	REMOVAL (Specify)	36 DATE 9/18/68					Oakland	. Mar	(County) yland	(State)
	24	Burial C	9/18/68	4	ADDRESS	lemetery	2So, REC'D BY RE	GISTRAR 2Sb	REGISTRAR S		
VR A15ME (5) PAO	3	will n?	niveric	h Oak	land,	Marylar	BATE SEP 2	3 1968		reas In	42



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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		12967		301 W. PRESTON STREET, BALTIN		0000					
The same of the sa		10001		CERTIFICATE OF DEATH	12.	979					
± −24		CEASED-NAME First	Middle	Last	2a. DATE OF DEATH	25 HOURA					
death and death	{	Ype or print)	am Louise	Mac Leod	September 26	168 10:25 M					
	3. S		4 RACE	5. DATE OF BIRTH		FUNDER I YEAR IF UNDER 24 HRS.					
₹1 /₹192	1	Female	White	June 25,188	9 lest chirthday) YRS.	ONTHS DAYS HOURS MIN					
	7a	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B MARRIED NEVER MARRIED 9.	COUNTY OF DEATH						
ate be executed within 24 haurs offer. citizen and and campletely filled in by the surface carbon papers. Pages and in any event, within 72 haurs after	COU	Ohio	YSA	WIDOWED DIVORCED	Garrett	Md.					
illec par	10.	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	STITUTION (If not in hospital 12a USUAL	OCCUPATION (Kind of work done	125 KIND OF BUSINESS OR					
d with letety f arban nt, with		Oakland	gwe street address Oo.	Memorial Hosping mas	Housewille event retired)	own home					
ad v plete cark	130.	USUA: RESIDENCE (Where decease	d lived, if institution: Residence before	13c. CITY OR TOWN 13d INSIDE CITY LIMI							
complete com	aam	ssian) STATE Pa.	13b COUNTY Alleg.	Pgh. YEN NO	1606 Parklin	e Drive.					
and company	14.	ATHERS NAME First	Middle Last	15. MOTHER'S MAIDEN NAME Fire		Last					
8 5 E	1	Frederick	W. Gasch	e Kathar	ine	Barnes					
physicion physicion hen please 10val, and i	160	WAS DECEASED EVER IN U.S. ARM		NO. 17. INFORMANT	Address	(Dau.)					
hysi polysi		es, no, ar unknown) (ii yes gwe wa NO	7 or dates of service) 300-4.0-78	59 Katharine Mac	Leod, Pittsbur	gh. Pa.					
s that the death cerian. I by the attending principle permit. The		18. CAUSE OF DEATH (Enter onli	ane cause per line for (a), (a), and (c):	5 . /		APPROXIMATE INTERVAL BETWEEN ONSET, AND DEATH					
ath ndin it.		PART I. DEATH WAS CAUSED IMMEDIA	TE CALISE (a) CENTRO	ral sellichtra	~	10662					
orthe erm		, and the second	DUE TO, OR AS A CONSEQUENCE OF	1-							
the the strict of the strict o		Canditians, if any, which gave	100 1177/011	EURIS COLL)	yaz,					
hat n. yy t ans		nse to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	12							
es 1 sicio ed 1 al-tr	ı	iast	(c) (-11/4	CLX SCENCES	>	191817					
equires 1 physicia signed 1 burial-ti burial, c	П	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)	1					
ng I		443:									
law bed stati	NE S	19a. DATE OF OPERATION 19b. (ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b IF YES, WERE FINDINGS CON	SIDERED IN CERTIFYING					
OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital ar attending physician. DIRECTOR: After this certificate has been signed by the attending physician is 3 should be detached far use as the burial-transit permit. Then pleas ed with the State Dept. af Health priar to burial, crematian, ar removal, and	CERTIFICATION			YES NO 🔀	CAUSES OF DEATH?						
at a di a		21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter	nature of injury in Port 1 or Port 2, Iter	m 18)					
CIA Figure 1918 Figure 1918	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year er) P.M. 19	9							
cer che pt.	WE	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME FARM, STREET, FAC	CTORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	Caunty State					
this De		While Nat while at wark				/_					
IDING d by th After d be d		22a. I certify that (I) (thi	haspital) attended the decease	ed from 2 2 1927, 1929 9, and that in (my) (aur) opin bady after death.	5, to design, 1960	, that (I) (we) last					
ed bed bed bed bed bed bed bed bed bed b		saw the deceased al	ive on 1000	9, and that in (my) (aur) apin	ian death accurred an the date	and hour and fram the					
TI M DE CONTRACTOR DE CONTRACT		22b. SIGNATURE	(1) (we) (ala) (ala nat) view the	bady after death.		TE SIGNED 1					
ME Tell		220. SIGNATURE 5	110 uses 711	DEGREE PHYS MEI	D. STAFF D 7/	5160					
	L	22d. PHYSICIAN'S	recorded	DEGREE PHYS LI DIR	ECTOR LI PHYS. LI	- Sy 71 Cg					
RAIL Po			E. Mance, M.D.		land, Maryland						
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld should be filed with the	230	BURIAL CREMATION, 23b D				(County) (State)					
Pag dire sho	230	BWY4 (PET)			Millersburg, H						
	24.	FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY	REGISTRAR 2Sb REGISTRAR'S SIG						
VR A15 (4) 30M REV. 1/68		John	Durst Oak Land	Maryland DATE SE	P30 1968 JClia	wee Judge					
	_			THE THE COLUMN							





. 1				D STATE DEPARTMENT OF H		
		12969		301 W. PRESTON STREET, BALTII	MORE, MARYLAND 21201	004
		TACED MAKE		CERTIFICATE OF DEATH	To park of Dearli	981
death death		CEASED-NAME First (ype or print)	Middle	Lost	20 DATE OF DEATH Manth Doy	Yegr 2b. HOUR
	3. SI		RY ELIZABETH MICH	S. DATE OF BIRTH	SEPTEMBER 23	1968 6:28PM IF UNDER 1 YEAR IF UNDER 24 HRS.
s affe		Female	White	Nov. 26, 1891	(ast birthday) YRS.	IONTHS DAYS POURS MIN
t haur in by ers. P	70 cau	SIRTHPLACE (Stote or foreign 17)	USA	B. MARRIED NEVER MARRIED S	Garrett	Md
and campletely filled in by the remave carbon papers. Poges in any event, within 72 hours after	10. 0	ITY OR TOWN OF DEATH Oakland	11 NAME OF HOSPITAL OR INS	Mem. Hosp during me	L OCCUPATION (Kind of work dane st.pf.woreing life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
fed with pletel carbo	13c adm		lived, if institution: Residence before 13b. COUNTY Garrett	13c CITY OR TOWN 13d. INSIDE CITY LIM	13e. STREET AND NUMBER	
cam cam	_	ATHER'S NAME First	Middle Lost	VOLUME 2	- ITTO D. DOLOIT	
and and in ar	14	Frank	Foy	15. MOTHER'S MAIDEN NAME FIT		Kalbaugh
sicion Sleas	160.	WAS DECEASED EVER IN U.S. ARMEC es, no of unknown) (If yes give war	malatan afanadan)	IO. 17. INFORMANT	Address	
physen parall			535=0T=T		el, 113S. 7th,	Oakland, Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed we Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carb shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event,		PART I. DEATH WAS CAUSED E IMMEDIATE / 87, O Canditions, if ony, which gave)	DUE TO, OR AS A CONSEQUENCE OF	replana &	Mulantano	SETWERN ONSET AND DEATH
s that ician. d by th I-transi		rise to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS A CONSEQUENCE OF			
quire physi signe suria		PART 2 OTHER SIGNIFICANT CONDI		OX-RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(0)	-
ing ing the he	8	116 X 50	erteur 3d	eres -		
The Tay attend has be se as 1 h prian	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING
AN: Jar al ar cate ar us		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Manth Day Year	21c. HOW INJURY OCCURRED (Enter	noture of injury in Part 1 or Part 2, Ite	m 18.)
YSICI naspirt certif certif st. af	MEDICAL	(If either, notify medical examiner) P.M. 19	TORY,) 21f LOCATION Street or R.F.D. No.	City or Town	County State
this this detailed		at wark at wark				
DING by Affer be be		22a. I certify that (I) (this	haspital) attended the decease e an	ed from, 19, 19,	, ta, 19 nian death accurred an the date	, that (I) (we) last
TEN ined OR: ould outh			l) (we) (did) (did nat) view the	bady after death.	non deam accorred on the date	; dita fidal and fidili file
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Pagm 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cret		22b. SIGNATURE 8	hance	DEGREE PHYS 🗂 DI	ED. STAFF 222 DA	THE SIGNED LOS
to Hospital Pagm 4 may to FuneRal if director, pag shauld be fil		22d. PHYSICIAN'S NAME (Type) A II	. Mance. M.D.	22e. ADDRESS Oakland	, Maryland	
LOSE UNE CUNE ector	230.	BURIAL CREMATION 23b DA	TE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
70 Page 15 Pag		The state of the s	26/68 N Oakl	and Cometery	Oakland, Garr	Md.
VR A15 (4) 30M REV 1 A	24.	FUNERAL DIRECTOR John	Durst, Oakland	, Md. ZSO. REC'D BY	P 2 7 1968 REGISTRAR'S SI	relature gudge



. 1				NIVICION C	MAR NE VITAL DEC	YLAND STATI	DEPARTMENT	T OF HEAL	TH			
'		12870		DIAI2ION C	OF VIIAL REC	CERTIFI	CATE OF DE	ATH	TH RE, MARYLAND 2 1	298	32	
		CEASED NAME rpe or print)	Velm	t	Middl Pearl	le	Lost latter	20.	DATE OF DEATH Prember th	27, Day		2b. HOSIM 2:00 M
	3. SE)	F		4. RACE	W		5. DATE OF BIRTH June 21			yeors say) YRS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	(OUN	" Ma	•	U	WHAT COUNTRY?	WIDOWE	. —		unty of death Garret			Md.
5	C	ry or town of d akland		G a	ve street address)	ALOR INSTITUTION (II	Hospital	during most of HOU	UPATION (Kind of wo working life, even if LSEWIIE	retired }	126 KIND OF INDUSTRY OWTE	
//	odmis	sion) STATE 1	Where deced	13b. COUNTY	Garre		tsvilie tsvilie		13e. STREET AND NU			
	14. F	ATHER'S NAME	First	Middle		Lost	IS. MOTHER S MAIDEN			Middle	70 7	Lost
-	160. Ye	WAS DECEASED EVE is, no or unknown) NO	H. R IN U.S. AR (If yes give	A . MED FORCES? war or dates of service)	16b. SOCIAL S		INFORMANT	Fann	,	Address		water
	$\overline{}$	18 CAUSE OF DE	ATH (Enter o	nly one couse per ED BY: IATE CAUSE (o)			Edward I	Platte - -	er, Grani	ssvi	APPROXIA	MATE INTERVAL NSET AND DEATH
		250 9 Conditions, if ony, rise to immediat	which gove e couse (o),	(b)	OR AS A CONSEQUE	Center	Js-Cer	rage	2.5		Jea	2-7
		stating the under last. PART 2 OTHER SIG) (c)_	R AS A CONSEQUI	Dea	OTAZO TO THE TERMINAL DISI	Thee EASE OR CONDIT	Chiteco	o)	Seco	n_
	ATION	190. DATE OF OPERA	Co)	ulera	l H	WAS PERFORMED	200. AUTOPSY?		20b. IF YES, WERE F		ONSIDERED IN CE	RTIFYING
	CERTIFICATION	21a. ACCIDENT W <i>i</i>	S UNDERLY	ING 21b. TIME	OF INJURY		YES 🗆	NO 🔲	CAUSES OF DEATH?	or Port 2, I	tem 18.)	
	MEDI(OR CONTRIBUTING (If either, notify m 21d INJURY OCCU	RRED 216	niner) P.J	M.	19	LOCATION Street or I	R F.D. No.	City or Town		County	Stote
		While Not who at work 220. I certify	110						to LI Les	of. 19	6 . that	(I) (we) lost
		saw the couses st	deceased ated abov	alive on 2 re, ()) (we) (di	o <i>Count</i> d) (did not) vis	ew the body afte	nd that in (my) (c r deoth.	our) opinian	, to A step death accurred o	n the do	te ond haur	ond from the
		22b. SIGNATURE	5.	Mar	rce	Mars	ATTENDING PHYS.	MED DIRECTO	OR STAFF DHYS.	224. [DATE SIGNED	Meg
1	,	22d. PHYSTCIAN'S NAME (Type)[IAME OF CEMETERY		and, Ma		21550	·	(5144)
ı	E	BURIAL, CREMATION REMOVAL (Specify) FUNERAL DIRECTOR	,	DATE 130/68	Bit	IAME OF CEMETERY C tinger ADDRESS	Cemeter		tocation (City or To		(County) rett, M. SIGNATURE	(State)
0	K	ich Th	eum	an			, Md. DAT				was Ju	dge



121		40000	DIVISION OF VITAL RECORDS, 3		PAKIMENI OF HI		201	
13/4		12971	-		E OF DEATH	nort, mari band 21	1298	2
		CEASED-NAME First (ype or print)	George Midde Ir	ven Re:	last nn	2g DATE OF DEATH		2b HOUR
	3. SE	Male	4 RACE White		ov. 20, 18	6 AGE (In ye	BOTS IF UNDER 1 YEAR MONTHS DAYS	
	7o. B caun		75. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED X	NEVER MARRIED 9	County of DEATH Garrett		Md
,		ity or town of DEATH Calcland	11. NAME OF HOSPITAL OR INST	ITUTION (If not in Memoria	1 1 1	OCCUPATION (Kind of wor st of warking life, even if re	k done 12b. KIND 0 INDUSTRY	PF BUSINESS OR
_ [13o. odmi	USUAL RESIDENCE (Where deceose ssion) STATE $W_{ullet}Va_{ullet}$	ed liyed, if institution: Residence before V3b. COUNTYCrant	13c CITY OR TO			ABER	
T	14. F	ATHER'S NAME First Edward F1	Middle Lost ranklin Renn	IS. M	OTHERS MAIDEN NAME Fir	st Adeli	a Bor	ing
	16a. Yi	WAS DECEASED EVER IN U.S. ARMI	IED FORCES? 16b SOCIAL SECURITY No. 235-16-01			en Renn, Ba	ddress Lyard, W.	Va.
2	NC	Conditions, if any, which gave is to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONT	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO TH	otic Card		Dair-ea	Hickory Hickory
2	CERTIFICATION	6	CONDITION FOR WHICH OPERATION WAS PER	ĺ	20a. AUTOPSY? YES NO X	CAUSES OF DEATH?	NDINGS CONSIDERED IN	CERTIFYING
	MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examinating INJURY OCCURRED 21e. F	HOUR A.M. Month Day Year			noture of injury in Port 1 ar City or Tawn	Part 2, Item 18.) County	State
		at wark at wark 22a. I certify that (I) (this saw the deceased all causes stated abave,	is haspital) attended the decease live an	d fram //	ay 195	7, ta_Scot 1 lian death occurred an	T	It (l) (we) las r and fram the
1		22b. SIGNATURE # April 22d. Physician's NAME (Type) Herbe	ert H. Leighton	DEGREE . M.D.	22e. ADDRESS	ed. STAFF RECTOR STAFF THE	22c. DATE SIGNED	+68
	23a	BUR AL, CREMATION, 23b. D.	DATE 23¢ NAME OF C	emetery or cre d Ceme	MATORY	23d. OCATION (City or Tov Bayard, C	wn) (County) Frant, W.	(Stote)
	24.	John Of Durs	Odlera ADDRESS	vl and	25g. RECD BY	REGISTRAR 2Sb. REG	STRAR'S SIGNATURE	sge.

• 1 . ,

12972		301 W. PRESTON STREET, BALTH CERTIFICATE OF DEATH		2984
1 DECEASED NAME First (Type or pnnt) Elme: 3. SEX Male 70 BIRTHPLACE (Stote or foreign country)	Middle Doseph	Shaffer	20. DATE OF DEATH September 7°9	25 HO RM
3. SEX Male	4. RACE White	october 9,	1884 6. AGE (In years last birthday) YRS.	IF JNOER 1 YEAR IF UNDER 24 HRS MONTHS OAYS HOURS MIN.
70 BIRTHPLACE (Stote or foreign country) Maryland	75. CITIZEN OF WHAT COUNTRY? USA	B. MARRIED NEVER MARRIED 9 WIDOWED DIVORCED	COUNTY OF DEATH GARRETT	Md
Oakland	11. NAME OF HOSPITAL OR IN: give street address) Garrett Co.	Mem. Hosp. Min	OCCUPATION (Kind of work done tof working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
13a USUAL RESIDENCE (Where decease dec	ed lived, if institution: Residence before	Oakland YES NO	212 S. 2nd	St.
	Middle Lost Joseph Shaffer		abeth Nau	Lost
160. WAS DECEASED EVER IN U.S. ARM Yes, na, ar unknawn) (If yes give w	facures le setteb se se	17. INFORMANT 1983 Miss Mary J.	Address Shaffer Oakl	and, Md.
1B. CAUSE OF DEATH (Enter on PART 1 DEATH WAS CAUSE) IMMEDIA	ity ane cause per line far (a), (b) and (c). BY ATE CAUSE (a)	knul hanker		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF	relmortie eV 13		ym.
stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF			
PART 2. OTHER SIGNIFICANT CON		OT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(0)	
X	CONDITION FOR WHICH OPERATION WAS PE	YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
☐ OR CONTRIBUTING ☐ CAUSE OF DEAT	H HOUR A.M. Month Day Year ner) P.M. (9		nature of injury in Part 1 or Part 2, 1	tem 18.)
21d. INJURY OCCURRED 21e. While Not while at work		TORY.) 21f. LOCATION Street or R.F.D. Na.	City or Town	County State
220. I certify that (I) (the saw the deceased of causes stated above	is hospital) attended the decease live anl ((1) (we) (did) (dra not) view the	ed fram, 196 662, and that in (my) (aur) opin body after death.	on death occurred on the da	68, that (I) (we) last te and hour and from the
22b. SIGNATURE	hantm	ATTENDING ME	- 22c. [DATE SIGNED
22d. PHYSICIAN'S NAME (Type) Dr. B	L. Grant	22e. ADDRESS Oakland	Maryland 215	50
230 BJRIAL, (REMATION, 23b. BUT 1 Specify)	4 4	cemetery or crematory nd Cemetery		(County) (Stote) Taryland
24 FUNERAL DIRECTOR	Unnich Cala	nd, Marylane SEP	REGISTRAR 25b. REGISTRARS	SIGNATURE

MAKTLAND STATE DEPAKTMENT OF HEALTH



- 1		Davicio		TLANU STATE UE			AND 21201	40 *
		12973		RDS, 301 W. PRES L EXAMINER'S			AND ZIZUI	12985
- h	. DE	CEASED-NAME Firs		Middle	Lost	OI DEATH	20 DATE KNOWNOK Mont	h Doy Yeor 2b. HOUR
	{T	ype or Print) GAB I	RTET,	(NONE)	SHREVE	7	OF ESTI-	
3	S S E		S DATE OF BIRTH	6 AGE ton ve	ors FUNDER 1 YEAR	IF UNDER 24 HRS	2c. DATE PRONOUNCED DEAD	2d HOUF
]	Ma	de White	Jan. 15	, 183 85 brithdo	YRS. DAYS	HOURS MiN.	Sept. 12,	Year 19 688:15
			76 CITIZEN OF WHAT O	COUNTRY? 8.	MARRIED NEVER M	ARRIED 9. COL	INTY OF DEATH	
		W. Va.	USA				rrett	M
5		TY OR TOWN OF DEATH	11. NAME	OF HOSPITAL OR INSTITUT 1 oddress)	NON (If not in hospite		CUPATION (Kind of work don f working the leven if retired	
	Da	kland	Cunn	ett-Weeks N	ursing Ho	ne Far	mer	Farming
H'	30 6d	USLAL RESIDENCE (Where deceo	13b COUNTY Ga	Residence before GSO	rhlahira. W.Va.	YES NO 🔀	Route #1.	
1		ATHER'S NAME First	Middle	lost	15. MOTHER'S MA		Middle	Lost
ı,		Banjamir		Shreve	13. ROMERS NO	Hanah	made	Ketterman
10		VAS DECEASED EVER IN U.S. ARMED	FORCES? 166	SOCIAL SECURITY NO	17 INFORMANT		ADDRESS	2200000112001
	(16	(If yes give	war or dates of service) 23	5-30-0558	Rose Ma	rie Cal	lis. 3N.2nd	. Oakland . Md
Г		18 CAUSE OF DEATH (Enter or	ly one couse per line f	or (o), (b), ond (c))				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı	-	PART I DEATH WAS CAUSE IMMEDI	ATE CAUSE (a) Cor	onary occlu	sion			Minutes
	-	4109	DUE TO, OR AS	A CONSEQUENCE OF	da saman	- 34		Vanna
		Conditions, if ony, which gove use to immediate cause (a),	(D)	erioscleros	is, gener	alized		Years
	-1	stoting the underlying couse	DUE TO, OK AS	A CONSEQUENCE OF				
ı	1	PART 2 OTHER S GNIFICANT (ONC	(c)	TO DEATH BUT NOT BELA	TED TO THE TEDMINAL	DISEASE OR CONDITIO	N CIVEN IN PART I/o)	
	- 1	7 4	1110113 20111110	TO DEATH DOT HOS REES	TED TO THE PERMITTY	DIDENCE ON CONDITIO	AT OTHER TAXAL ITO	
	CEKIIF CAHON	190 DATE OF OPERATION	196	COND TION FOR WHICH	OPERATION			20 AUTOPSY?
				WAS PERFORMED?				YES NO 🔀
		210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING		JRY Month, Doy, Year	21c. HOW INJURY O	OCCURRED (Enter notu	re of in ury in Port 1 or Part 2	?, Item 18 }
12	MEDICAL	CAUSE OF DEATH	P.M.	19	21f LOCATION Stree	A D C O Al-	C	C
3	2	WHILE MOT WHILE TO	PLACE OF INJURY (At hi ctory, office building, et		211 LUCATION STREE	TOTKIU NO	City or Town	County State
	ł	22a. I certify that I t	agk charge of the	omains described of	avo hold as Aut	mary D lay	naction 🔽 Inquire	जि and in my saints
ı	-	death resulted from		Accident		apsy, ms Hamicide [spectian X, Inquiry Undetermined mann	
ı	-	Contract train	Tearloral causes	Accident		HEF MEDICAL EXAM N	-	GI 🔲
	İ	ACTUAL SIGNATURE &	Serter /	A. L.D.		SSISTANT MEDICAL EXA	MINER 22b. DA	ATE SIGNED
۱		EXAMINER'S			Di	PUTY MEDICAL EXAMI	NER 🔀 9-12-0	
	4	NAME (Type) James		, Jr., M. D			wn, or county) Oakland	
1	230	BURIAL (REMATION, 23b	DATE	23c NAME OF CEME			LOCATION (City or Town)	(County) (State)
) -	24	FUNERAL DIRECTOR	105/68	Oak Gro	ve Cemet		ear Gorman.	Garr. Md.
1		717	t, Oakla	nd, Maryl	and	DATE SEP 1	6 1968 SCL	arles Judge
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3 I		12974 DIV	ision (ARYLAND : ECORDS, 301						AND 212	201				
FOR STATE	- 0	7,5000		MEDIC	CAL EXAM	INER'S C	ERTIFI	CATE	OF DE	ATH			1.	298	6	
HEALTH DEPT.		ECEASED-NAME	First		Midd	lle		Last			2a. DATE	KNOWN	Month	Day	Year	2b. HOUR
of se d si		(ype ar Print)	Eddi	.6	Lee		Thoma				OF DEATH	ESTI- MATED	9	18	1681	:30 M
in the second	3. SI	X 4. RACE		S. DATE OF BIL		6. AGE (In years last birthday)	MONTHS I	R I YEAR DAYS	IF UNDER HOURS	24 HRS MIN.	2c. DATE P	RONOUNCED		V		2d. HOUR
	Ma			7-24-		18 YR					Month	9	Day 18	Year	168 \$	05° M
Depor	7a.	BIRTHPLACE (State or foreign	7b.	CITIZEN OF WI			ARRIED []		-		NTY OF DE					
8 0 s		rid.		US			OWED D		RCED [-	rrett		d. d	12b. KIND	OF BUILD	Md.
Give Pages 1, and grant form the State De	10. (10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) Friendsville DOA Garrett Co. Hospital Community Action 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before damission) STATE Md. 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) Community Action 13d. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13d. STREET AND NUMBER 13b. COUNTY Garrett Friendsvilly NO													gran	
This certificate should be executed within 24 hours ofter death itote, writing the word "pending" in pencil in Item 18. Give Pages be forwarded to the Chief Medical Examiner's Office along with fail to be used as a burial-transit permit. File pages and Zwim the State or removal, and in any event within 72 hours offer-death.	13a.														200	
of de la	14 F			Middle								Mid	dla		Last	
them offer offer	17. 1	4. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle George Thomas Betty												Bur	rges	S
thin 24 miner's miner's pages hours		WAS DECEASED EVER IN U.S. A		CES?	16b. SOCIAL SEC		17. INFORM	ANT	-	000		ADDRES	S		00-	
vithi penc amii	()	es no, ar unknawn) (II	yes give wor	or dates of service)			Mrs.	_Be	tty	Tho	nas,	Fri	ends	svil	Le,	Md.
DEPUTY DICAL EXAMINER: This certificate should be executed within 24 sessory, please execute the certificate, writing the word "pending" in pencil in e funeral director. Page 4 should be forwarded to the Chief Medical Examiner's may be retained for your files. FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages solth prior to burial, cremation, or removal, and in any event within 72 hours		Mrs. Betty Thomas, Friends												BETW	PROXIMATE IN	
ding ding tedir perm		9059"	MMEDIATE	CAUSE (o)			-	-	_	_		-	_	Sudo	ien	
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o b o b		PART 2. OTHER SIGNIFICANT	CONDITIO	ONS CONTRIBUT	ING TO DEATH B	UT NOT RELATED	TO THE TE	RMINAL DI	ISEASE OR	ONDITION	GIVEN IN	PART I(a)			**********	
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IER: certiff nould les. shauld rion, t	3	PRIMARY OR CONTRIBU	TING [HOURA	INJURY Manth, 9 M. M. 9_7 8_4							conta			220 V	.line
MINE can the c	MED	21d. INJURY OCCURRED	21e. PLA	CE OF INJURY (At hame, farm,	street,	21f. LOCATIO	ON Street o	er R.F.D. No		City o	ir Town		County		State
L EXAM cecute the Page 4 for your OR: Page 7	Н	AT WORK AT WORK		y, affice building	ig, etc.)				Fr	iend	svill	La	Gar	T.	110	
bical Examiner: This certificate is execute the certificate, writing the ector. Page 4 should be forwarded to ined for your files. RECTOR: Page 3 shauld be used as a be oburial, cremation, or removal, and		22a. / ceptify th	ot I too	k chorge of t			e, held a	n Auto			pection [inq	uiry 🗗	g, and	d in my	opinion
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necessory, please es the funeral director. 5 may be retained to FUNERAL DIRECTOR Health prior to bur	1	EXAMINER'S NAME (Type) James	н.	Feaste	r, Jr.	M. D.						iy) Oaki	-		r., I	id.
TO The the Sheet Heet	23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. D/			ME OF CEMETER	Y OR CREM	ATORY		23d.	LOCATION	(City or Taw	m)	(Caunty)	(Sta	te)
15.5		Buriol FUNERAL DIRECTOR	9/2	2/68	Ash	er Gla	de (lem.	100	Fr	iend	svil	le.	Garr	ett.	Md.
VR A15ME (5) A	24.	HUNERAL DIRECTOR	1						25a. REC'					SIGNATURE		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212012987 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HDUR death. within 24 haurs after death. and Month rsidian and campletely filled in by the funeral please remove carbon papers. Pages 1 and (Type or print) 5 Guv Hamilton Wheeler September 1968 hours after S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. 3. SEX 4. RACE last birthgay) DAYS HOURS Male White September 19 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH MARRIED MEVER MARRIED country) Kansas Garrett USA DIVORCED [WIDDWED IX 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Hosping most of working life, even if retired.) give street nddress Oalcland Memorial should be detached for use as the burial-transit permit. Then please remove carbon with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, with 13Rumon Jown 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY arrett NO ... YES arviand Oakland Route Middle 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Wheeler Hannah Charles Bowman OR ATTENDING PHYSICIAN: The law requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SDCIAL SECURITY ND 17. INFORMANT Address Yes, pe or unknown) (If yes give war or dates of service) Mrs. Wayne Hamilton. Rt 2. Oakland Md. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (s).
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH signed by the attendii burial-transit permit. IMMEDIATE (AUSE (a) DUE TD. DR AS A CONSEQUENCE/DI Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse; lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE DE OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTDPSY? CAUSES OF DEATH? YES . ND P 21o. ACCIDENT WAS UNDERLYING 21b. TIME DE INJURY 21c. HDW INJURY DCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) HOUR AM OR CONTRIBUTING CAUSE OF DEATH Month Doy Year (If either, notify medical exominer) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,)
OFFICE BUILDING, ETC. 21f LOCATION Street or R.F.D. No. Stote City or Town County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 1907, ta 1907, ta 140, that (I) (we) last saw the deceased alive an 1907, and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE 22s. DATE-SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS. director, page should be filed 22d. PHYSICIAN'S 22e. ADDRESS Andrew E. Mance, M.D. Oakland, Maryland NAME (Type) 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) 23o. BURIAL CREMATION. Eglon Cemetery Va. REMOVAL (Specify) Eglon. Preston, W. Oct-25b. REGISTRAR'S SIGNATURE ADDRESS 25g, REC'D BY REGISTRAR 24. FUNERAL DN VR A15 (4) 1968 Md. DATE OCT 30M REV. Durst. Oakland.

